

**CHILD SUPPORT EXTENDED PARENTING TIME
ABATEMENT APPLICATION**

NOTE: All credit is subject to verification by the custodial parent. If the space below for verification is not signed, this office will have to contact the custodial parent before credit can be given. No monies withheld from pay will be returned until verification is received or parenting time is completed.

PAYER NAME: _____ FILE NO: _____

ADDRESS: _____ PHONE NO: _____

CITY/STATE/ZIP: _____

PAYEE NAME: _____

***To be eligible for parenting time credit **BOTH** of the following conditions must be met:

- A. The child(ren) must be with the non-custodial parent for at least the number of consecutive overnights specified in your order. If the child(ren) continue to spend every other weekend with the custodial parent, these days shall not subtract from the consecutive overnights.
- B. Parenting time credit application must be submitted within 90 days from the end of the parenting time period. The 90-day period can be extended at the discretion of the Friend of the Court.

Number of consecutive overnights: _____

Number of children: _____

Children's names: _____

Parenting time beginning date and time: _____ @ _____ a.m./p.m.

Parenting time ending date and time: _____ @ _____ a.m/p.m.

I UNDERSTAND THAT ANY FALSE INFORMATION MAY RESULT IN DENIAL OF THIS AND FUTURE CREDITS.

Date: _____

Non-Custodial Parent

I VERIFY THAT THE ABOVE INFORMATION IS CORRECT.

Date: _____

Custodial Parent

FOR FRIEND OF THE COURT OFFICE USE ONLY

() Approved Date: _____ By: _____

() Not Approved

Total \$ _____ VCR Date Completed: _____ By: _____